



Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

Commissioner for Patents

Washington, D.C. 20231 (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or 7590 07/02/2002 formal drawing, must have its own certificate of mailing or transmission. RICHARD D EGAN Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile JONES O'KEEFE & EGAN 1101 CAPITAL OF TEXAS HIGHWAY SOUTH **BUILDING C SUITE 200** transmitted to the USPTO, on the date indicated below. AUSTIN, TX 78746 (Depositor's name (Signature (Date APPLICATION NO FILING DATE MED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 03/04/1998 JERRELL P. HEIN 3365 09/034.453 SILA:019 TITLE OF INVENTION: SEPARATION OF RING DETECTION FUNCTIONS ACROSS ISOLATION BARRIER FOR MINIMUM POWER APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$640 \$640 10/02/2002 nonprovisional YES \$0 CLASS-SUBCLASS **EXAMINER** ART UNIT SINGH, RAMNANDAN P 2644 379-399010 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ıO'Keefe, Eqan & or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Peterman, LLP single firm (having as a member a registered attorney or agent) and the names of up to 2 ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Silicon Laboratories Inc. Austin, Téxas Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. ☐ Issue Fee □ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 49-3205 (enclose an extra copy of this form). Advance Order - # of Copies Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Authorized Signatur The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or oth interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

**Box ISSUE FEE** 

Assistant Commissioner for Patents

Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block)

11/30/2001

RICHARD D EGAN JONES O'KEEFE & EGAN 1101 CAPITAL OF TEXAS HIGHWAY SOUT

**BUILDING C SUITE 200** AUSTIN, TX 78746

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Diane Crotts	(Depositor's name)
Diane ( 4otts	(Signature)
1-23-02	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/034.453	03/04/1998	JERRELL P. HEIN	SILA:019	3365

TITLE OF INVENTION: SEPARATION OF RING DETECTION FUNCTIONS ACROSS ISOLATION BARRIER FOR MINIMUM POWER

TOTAL CLAIMS	APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
24	nonprovisional	YES	\$640	\$0	\$640	02/28/2002
EXA	AMINER	ART UNIT	CLASS-SUBCLASS			
SINGH. R.	AMNANDAN P	2644	379-399010			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  U Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		orneys of a stered Peterm	Egan & an, LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Silicon Laboratories Inc.

Austin, Texas

Please check the appropriate assignee category or categories (wil	I not be printed on the patent)	☐ individual	A corporation or other private group entity	⊔ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	· · · · · · · · · · · · · · · · · · ·		
¥ issue Fee	MA check in the amount of	of the fee(s) is en	closed.	
☐ Publication Fee	U Payment by credit card.	Form PTO-2038	is attached.	
Advance Order - # of Copies9				
The COMMISSIONER OF PATENTS AND TRADEMARKS is	requested to apply the Issue Fee a	and Publication F	ee (if any) to the application identified above	c.
(Authorized Signature) (I NOTE; The Issue Fee and Publication Fee (if required) will other than the applicant; a registered attorney or agent; or tinterest as shown by the records of the United States Patent and	he assignee or other namy in			
Burden Hour Statement: This form is estimated to take 0.2 hour depending on the needs of the individual case. Any comments of to complete this form should be sent to the Chief Information and Trademark Office, Washington, D.C. 20231. DO NOT SE FORMS TO THIS ADDRESS. SEND FEES AND THIS Assistant Commissioner for Patents, Washington, D.C. 20231	Officer, United States Patent ND FEES OR COMPLETED		•	
Under the Paperwork Reduction Act of 1995, no persons a collection of information unless it displays a valid OMB control	re required to respond to a number.			

TRANSMIT THIS FORM WITH FEE(S)

Page 2 of 3